

KANSAS STATE BOARD OF PHARMACY
LANDON STATE OFFICE BUILDING
900 JACKSON, ROOM 560
TOPEKA, KANSAS 66612
(785) 296-4056
FAX (785) 296-8420

FOR OFFICE USE ONLY

NO. _____

DATE: _____

FEE \$140.00

APPLICATION FOR NONRESIDENT PHARMACY REGISTRATION

Application is hereby made by the owner as follows:

BUSINESS NAME OF OWNER

ADDRESS OF OWNER

CITY

STATE

ZIP

TELE. NO.

Type of ownership is: _____ Individual _____ Partnership _____ Corporation _____ Other

IF PARTNERSHIP, attach additional listing of names and percentage of ownership.

IF CORPORATION, attach additional listing of officer and owners of stock.

IF OTHER, attach sheet indicating the type of ownership.

Does your pharmacy have a web site? _____ Yes _____ No If so are patients able to purchase prescriptions on it? _____ Yes _____ No

The owner makes application to establish and maintain a pharmacy under the name of and the location as follows:

NAME OF NONRESIDENT PHARMACY

PHYSICAL ADDRESS OF NONRESIDENT PHARMACY

WEB SITE ADDRESS

CITY

STATE

ZIP

TOLL FREE TELE. NO. [Required]

MAILING ADDRESS FOR RENEWAL INFORMATION IF DIFFERENT THAN PHYSICAL LOCATION

CITY

STATE

ZIP

DESIGNATED RESIDENT AGENT: _____

NAME

ADDRESS

PHONE

Designated resident agent defaults to the Secretary of State. To use the default – check here _____

Total hours per week a pharmacist will be on duty in facility _____

The above named owner places the following license pharmacist as the responsible pharmacist of the pharmacy indicated above:

NAME OF RESPONSIBLE PHARMACIST

LICENSE NUMBER

STATE

ATTACH A LIST OF OTHER LICENSED PHARMACISTS EMPLOYED IN SAID PHARMACY

This application is being made for the following reason: (Check all that apply)

____ New Pharmacy ____ Change of address ____ Change of Ownership ____ Change of responsible pharmacist ____ Change of pharmacy name

Effective Date of Business / Pharmacy _____

In which other state(s) are you licensed? _____

Drug Schedules (Check all that apply)

____ Prescription Drugs(noncontrolled) ____ Nonprescription Drugs ____ Schedule I ____ Schedule II/Narcotic

____ Schedule II/Nonnarcotic ____ Schedule III/Narcotic ____ Schedule III/Nonnarcotic ____ Schedule IV ____ Schedule V

Is the pharmacy currently licensed in the state of residence ____ Yes ____ No

Please **attach a copy** of the most recent inspection report conducted by the state's licensing agency.

Is this pharmacy registered by the DEA to dispense controlled substances? _____

If yes, please **enclose a copy** of the DEA certificate.

If no, has application been made to DEA? _____

1. Has the owner or the responsible pharmacist ever had its registration under State or Federal law revoked, suspended, or placed in a probationary status, or otherwise disciplined? ____Yes ____No
2. Has the owner or the responsible pharmacist ever been convicted under state or federal law of a felony or misdemeanor violation involving drugs? ____Yes ____No
3. Has the applicant been convicted of any violation of State or Federal law relating to controlled substances? ____Yes ____No
4. If answer (3) was "Yes," was the conviction a felony? ____Yes ____No
5. Has any previous registration held by the applicant under any name or corporate or legal entity under the Controlled Substances Act or Kansas Uniform Controlled Substance Act been surrendered? ____Yes ____No

If YES was answered to any of the above questions, an additional attachment must accompany this application explaining the circumstances in detail.

The owner and/or responsible pharmacist understand the registration, if issued, will expire annually on the 30th day of June and such registration will be cancelled if not renewed annually by the 31st day of July.

OWNER/CORPORATE OFFICER

I, _____, being the owner and/or officer of the nonresident pharmacy indicated on the reverse of this application, do solemnly swear (or affirm) that, if a registration be issued as requested, such nonresident pharmacy will be conducted and operated in full compliance with the Controlled Substance Act of the State of Kansas and all other applicable laws of Kansas and pharmacy laws in the state where located so long as continued under such registration and I understand that the registration, if issued, will expire annually on the 30th day of June and such registration will be canceled if not renewed **annually** by the 31st day of July.

I further solemnly swear to (or affirm) the statement and representations made in the foregoing application are true and correct.

SIGNATURE OF OWNER/CORPORATE OFFICER

Signed and sworn to (or affirmed) before me on _____ day of _____, 20____.

SIGNATURE OF NOTARY PUBLIC

RESPONSIBLE PHARMACIST PORTION

I, _____, being the responsible pharmacist of the nonresident pharmacy indicated on the reverse of this application, do solemnly swear (or affirm) that I understand that such a registration is issued, and in the event that I shall no longer be the responsible pharmacist of such nonresident pharmacy, I shall notify the Executive Secretary of the Board of Pharmacy of Kansas.

I further solemnly swear (or affirm) that I understand all my responsibilities to the Board of Pharmacy of Kansas as responsible pharmacist of such nonresident pharmacy and that I will comply with the Controlled Substances Act of the State of Kansas and all other applicable laws of Kansas and pharmacy laws in the state where located and further, I understand that the registration, if issued, will expire annually on the 30th day of June and such registration will be canceled if not renewed **annually** by the 31st day of July.

SIGNATURE OF RESPONSIBLE PHARMACIST

Signed and sworn to (or affirmed) before me on _____ day of _____, 20____.

SIGNATURE OF NOTARY PUBLIC

My commission expires: _____

THIS APPLICATION REQUIRES TWO NOTARIZED SIGNATURES. IF THIS APPLICATION DOES NOT HAVE TWO NOTARIZED SIGNATURES IT WILL DELAY THE PROCESSING OF THE APPLICATION. BOTH THE OWNER/CORPORATE AND RESPONSIBLE PHARMACIST PORTIONS MUST BE SIGNED AND NOTARIZED EVEN IF IT IS THE SAME PERSON.

Checklist for completion of Non-Resident application:

- 1) Application completed including two signatures and two notaries.
- 2) Copy of corporate officers or other documentation enclosed.
- 3) Check in the amount of \$140 enclosed.
- 4) Copy of DEA certificate enclosed.
- 5) Toll free number provided.
- 6) Answer questions on page two.